

**DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
IMMUNIZATION PROGRAM**



BRIAN SCHWEITZER
GOVERNOR

STATE OF MONTANA

PHONE: (406) 444-5580
FAX: (406) 444-2920

COGSWELL BUILDING, ROOM C-211
HELENA, MONTANA 59620-0901

TO: Public Vaccines for Children (VFC) Providers
FROM: *Lin*
Elizabeth LeLacheur, VFC/Vaccine Coordinator
Montana Immunization Program

DATE: June 17, 2009

SUBJECT: 2010-2011 Vaccines for Children (VFC) Influenza Season Vaccine Orders

It is time to collect influenza vaccine orders for the 2010-2011 influenza vaccine season. Practices should place their influenza vaccine orders by August 2, 2010. This will enable us to allocate the vaccine prior to shipping.

This year MT VFC will have five different types of influenza vaccines for which public providers can place an order. We will do our best to accommodate your requests; however, due to supply and demand we may need to substitute vaccines. The minimum order for any type of vaccine is 10 doses. The vaccines for which you can place orders include the following:

- Fluzone® .25 mL p-free for 6-35 month olds
- Fluzone® .5 mL p-free for children 3-18 years of age
- Fluzone® multi-dose vial for children 3-18 years of age
- FluMist® live, intranasal vaccine for children 2-18 years of age
- Multi-dose vials of inactivated vaccine for high risk adults with no insurance

The adult vaccine is available in limited quantities. Please remember that all children ages 6 months through 8 years who receive influenza vaccine for the first time should be given 2 doses. Children who receive only one dose in the first year of vaccination should receive two doses in their second year of vaccination. We strongly recommend that childhood influenza doses be recorded in WIZRD to facilitate children receiving the proper number of influenza vaccine doses.

Please submit the 2009 Influenza Order Form by August 2, 2010. These orders should be faxed to 444-2920, emailed to hhsiz@mt.gov or mailed to the Montana Immunization Program, PO Box 202951, Helena, MT 59620. Please remember that all doses of VFC influenza vaccine must be accounted for on the MT Monthly Vaccine Report due to Home IV Pharmacy by the 5th of each month.

If you have questions, please contact me at the MT Immunization Program at 444-5580. Thank you.